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7/24/23 9:24 AM  
Division of Corporations

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : TAX SAVERS  
Account Number : 120150000107  
Phone : (941)625-1925  
Fax Number : (941)625-1526

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sharpfloridarealtor@gmail.com

RECEIVED  
2023 JUL 24 AM 11:01  
REGISTRATION  
COMMERCIAL  
SERVICES

FLORIDA LIMITED LIABILITY CO.  
Glenn Sharp, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLENN SHARP, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2000 BAL HARBOR BLVD UNIT #924  
PUNTA GORDA, FL 33950

2000 BAL HARBOR BLVD UNIT #924  
PUNTA GORDA, FL 33950

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GLENN SHARP

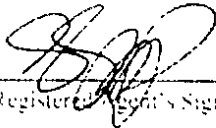
Name

2000 BAL HARBOR BLVD UNIT #924

Florida street address (P.O. Box **NOT** acceptable)

|                    |                |              |
|--------------------|----------------|--------------|
| <u>PUNTA GORDA</u> | <u>FLORIDA</u> | <u>33950</u> |
| City               | State          | Zip          |

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

GLENN SHARP

2000 BAL HARBOR BLVD UNIT #924

NORTH PORT, FL 34291

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

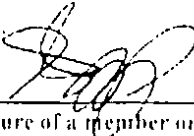
(If an effective date is listed, the date must be specific and ~~cannot be more than five business days prior to or 90 days after the date of filing.~~)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REAL ESTATE BROKER OR SALES

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GLENN SHARP

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FL

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